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(Signature)	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/790.859	03/03/2004	Hiromi Saitoh	118493	3134

TITLE OF INVENTION: LIQUID CRYSTAL PROJECTOR WITH DIFFERENT SHAPED HOUSING FOR EACH LIQUID CRYSTAL PANEL DEPENDENT ON COLOR

	APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
•	nonprovisional	NO	\$1400)	\$300	\$1700	08/25/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS			
VU, PHU		2871		349-058000	_		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the na or agents (2) the na registered 2 registered	nting on the patent front page, I mes of up to 3 registered pate OR, alternatively, me of a single firm (having as attorney or agent) and the nared patent attorneys or agents. I name will be printed.	a member a nes of up to	& Berridge, PLC	
	3 ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATEN	Corint or type)		

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Seiko Epson Corporation

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be	printed on the patent): 🔲 Individual 🛎 Corporation or other private group entity 🗀 Government
4a. The following fee(s) are enclosed: Sue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies	4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Check No. 181592 (\$1700) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0461 (enclose an extra copy of this form).
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